



Asthma Research Center
75 Francis Street
Tower 4A, Room 014
Boston, Massachusetts 02115
Office (617) 732-8201
Fax (617) 732-2858

June 15, 1999

EX-101-1

Dear Flavia:

The Asthma Research Center at Brigham and Women's Hospital is dedicated to trying to find a cure for asthma and related respiratory diseases. We are studying the genetics of asthma and new ways to treat asthma. If you have asthma you may be able to help in this important work. Our studies vary in length from one visit to seventeen visits over 24 weeks and pay from \$35 to \$2400.

Would you like to learn more about your eligibility to be in our studies? Please use one of the enclosed postcards to inform us of your interest and send it to us in the enclosed business reply envelope. If you do not respond within two weeks of receiving this letter we may contact you to assess your desire to participate. You may also call us at (617) 732-8201 or 1-888-99-ASTHMA.

Thank you for your effort in helping us further understand asthma.

Sincerely,

A handwritten signature in cursive script, reading 'Elliot Israel'.



Elliot Israel, M.D.
Director Asthma Research Center


Flavia Benitez

Trying to TREAT and BEAT Asthma!

Exhibit — 2

MGH OUTPATIENT PHARMACY
59 FRUIT STREET BOSTON, MA 02114
Phone: (617) 724-3100

Rx# 10185048 W MASS GENERAL, HOSP
BENITEZ, FLAVIA D 12/18/00
PT ID: 3719505
TAKE 1 CAPSULE TWICE DAILY
 **TAKE WITH**
 **FOOD**
Qty. 90 **CELEBREX CAP 100MG**
Original Date: 11/10/00
Refills: 2 Expires: 12/18/01 SL
VERIN



Martha Eliot Health Center

75 Bickford Street
Jamaica Plain, MA 02130
617-971-2100
617-983-1377 (fax)

1966-1996

Thirty Years of Celebrating Families

Exhibit - 3

Joseph M. Carrillo, M.D.
Executive Medical Director

Karen B. Darcy, R.N.C., M.S.N.
Associate Director

Pediatric Medicine
Adolescent Medicine
Internal Medicine
Women's Health Services
Human Services
Dentistry
Mildred C. Hailey Vision Center
Podiatry
WIC/Nutrition
Laboratory
Chemical Addiction Services
HIV Prevention/Counseling/
Testing
Peer Leader Program
Youth Outreach

Estimado(a): Flavia Benitez

Usted tiene una cita en el Hospital de Brigham & Women's.

Clinica/Doctor: Physical Therapy

Fecha: 7/16/99

Hora: 3:30 pm

Por favor traiga este papel con usted a la cita.

Por favor traiga su tarjeta azul "del hospital" (tiene que registrarse) si no tiene tarjeta debe llegar 30 minutos antes para obtener una tarjeta.

Por favor llame a Judy al 971-2136 si necesita cancelar o cambiar su cita.

Sinceramente,

Judy Dig



A Neighborhood Health Service of
Children's Hospital

Children's Hospital



Exhibit - 4

BENITEZ, FLAVIA
ALBUTEROL 17 GM #1

COMMON USE(S) FOR THIS MEDICINE
INHALE 2 PUFFS BY MOUTH 4 TIMES A DAY

- *For the treatment of asthma or other breathing problems.
- *Shake well before each use.
- *Read all product information enclosed.
- *Do not use more often or more than the amount prescribed.
- *Notify your doctor if you are or think you may be pregnant, are breast-feeding, if you have heart disease, high blood pressure, or are taking other medicines.
- *Do not puncture or incinerate canister, even if empty.
- *Take a missed dose as soon as possible unless otherwise directed.
- *Do not double doses.

PATIENT INFORMATION

- *Nervousness, throat irritation, mild headache/nausea/vomiting, or changes in taste/smell.
- *Trouble breathing, severe nausea/vomiting/dizziness/headache, muscle cramps, irregular heartbeat, weakness, chest pain, mood changes, unusual bruising, or trembling.
- *Updated 06/10/98.

EXHIBIT - 5

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CERTIFICATE

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK SS.

I, SUSAN A. ROMANO, Certified Shorthand Reporter No. 119393, Registered Merit Reporter and Notary Public in and for the Commonwealth of Massachusetts, do hereby certify that the witness whose deposition is hereinbefore set forth, was duly sworn and that such deposition is a true record of the testimony given by the witness.

I further certify that I am neither related to or employed by any of the parties in or counsel to this action, nor am I financially interested in the outcome of this action.

In witness whereof, I have hereunto set my hand and seal this 25th day of June 2006.



Susan A. Romano, Notary Public

My commission expires April 21, 2006

* DEPOSITION ON JUNE 29, 2006 AT 10: AM.

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141 Portland Street, Suite 200
Boston, Massachusetts 02114

exhibit # 6

| | | | | | |
|--|---|--|--|----------------|-----------------------------|
| MASSACHUSETTS GENERAL HOSPITAL PHYSICAL THERAPY | | Ambulatory Care Division COST CENTER <input type="checkbox"/> 575 | | Date | Req Area |
| ALL BOLD FACE AREAS MUST BE COMPLETED | | <input type="checkbox"/> 153 <input type="checkbox"/> 156 <input type="checkbox"/> 190 <input type="checkbox"/> 829 | | 10/05/1954 F | PATIENT IDENTIFICATION AREA |
| Referral Source | | | | ENC# 115482945 | 03/28/2000 |
| Dismissal Disposition | | | | | |
| Dismissal Disposition | | 371 95 05 | | | |
| Complete if patient has been sent to this service by another M.D.: | | BENITEZ, FLAVIA D | | | |
| Referring M.D. | | 122 WALFORD WAY | | | |
| Referral/Authorization Number | | APT 344 | | | |
| Complete to identify special billing considerations: | | CHARLESTOWN, MA 02129 | | | |
| Program Code..... | | MASS HEALTH | | | |
| Date of Onset | | FULL FREE SERVICE | | | |
| Date Treatment Began | | PCP: NONE, PHYSICIAN 99992 | | | |
| Date plan estab./Last reviewed | | | | | |
| PROVIDERS MUST COMPLETE BOLD FACE AREA BELOW | | | | | |
| Provider Code | | Is this routine Post-Op Care? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| | | Were the symptoms presenting/services rendered of an emergent nature, requiring immediate evaluation and/or treatment? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| TEST CODE | Please Check | CPT CODE | (See back for diagnosis codes) | | |
| Evaluation | | | | | |
| ___ 101 | PT Initial Evaluation | 97001 | Relative value assumes 30 min | | |
| ___ 102 | PT Re-Evaluation | 97002 | Medicare ea 30 day. To reflect a change in status, plan, goals | | |
| Supervised modality or Therapeutic Intervention (all non-timed) | | | | | |
| ___ 110 | Hot or cold packs | 97010 | Limit 1 per session | | |
| ___ 111 | Mechanical traction | 97012 | Document specific parameters | | |
| ___ 112 | Electrical stimulation | 97014 | Unattended (interferential, TENS trial) | | |
| ___ 115 | Whirlpool | 97022 | | | |
| ___ 151 | Therapeutic procedure(s), group | 97150 | Direct care, 2 or more with PT/PTA | | |
| Direct contact modality, per 15 min | | | | | |
| ___ 121 | Electrical stimulation (manual) | 97032 | TENS Education | | |
| ___ 122 | Iontophoresis | 97033 | Limit 1 unit per session | | |
| ___ 124 | Ultrasound | 97035 | Limit 1 unit per session | | |
| Direct contact intervention, per 15 min | | | | | |
| ___ 131 | Therapeutic exercises | 97110 | Strength, endurance, ROM, flexibility. 1:1 with PT/PTA | | |
| ___ 132 | Neuromuscular re-education | 97112 | Movement, balance, coordination, posture, kinesthetic sense, proprioception | | |
| ___ 133 | Gait training | 97116 | (except for w/prosthetic, see 97520) | | |
| ___ 135 | Massage | 97124 | Effleurage, petrissage, etc; CPT | | |
| ___ 136 | Prosthetic training | 97520 | Includes gait, do not use with 97116 | | |
| ___ 137 | Therapeutic activities-functional | 97530 | Dynamic activities to improve functional performance shoewear recommendations, body mechanics | | |
| ___ 138 | Self-care/home management training | 97535 | ADL's compensatory training, safety, backcare, instruction in use of adaptive equipment | | |
| ___ 139 | Community/work reintegration training | 97537 | Shopping, transportation, avocational activities work task/environment modification/analysis | | |
| ___ 140 | Wheelchair management/propulsion training | 97542 | Including wheelchair seating | | |
| ___ 141 | Development of cognitive skills | 97770 | Attention, memory, problem solving | | |
| ___ 142 | Manual Therapy Techniques | 97140 | Soft tissue/joint mobilization; manipulation; manual traction | | |
| ___ 154 | Orthotics fitting and training | 97504 | Complete fabrication of orthotics | | |
| Tests and measurements per 15 min | | | | | |
| ___ 161 | Checkout for orthotic/prosthetic use | 97703 | For established pt, modification of inserts/orthotics/shoewear | | |
| ___ 162 | Physical performance test or measurement | 97750 | With written report (eg: LIDO, Balance system) | | |

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I hereby authorize my insurance benefits be paid directly to the Massachusetts General Hospital or its associated physician group(s) and acknowledge that I am responsible for any balance not covered by those benefits. I authorize the Massachusetts General Hospital to release information requested concerning my care to insurers paying such benefits.

032300